South Bay Post Polio Support Group

The Boomerang
"It Came Back"

c/o Anne Johnson
19357 Flavian Ave.
Torrance CA 90503
(310)214-0442

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A Message from Anne Johnson

I can't believe it's December and the end of the year. I believe it's true that as you get older, the years go by faster. There never seems to be enough time to do everything you want to do. And then there's the PPS thing, slowing us down or causing us pain. It tells us to slow down and rest. Many of us - maybe most of us - don't listen and continue to push until our bodies pay for it. This year, please take care of yourselves. Consider what's important. Just do what is absolutely necessary. Ask your family or friends for help. And above all, enjoy the holiday season!

Los Angeles Times
Monday 11/8/99

POLIO PIONEER BATTLES NEW SYNDROME AT WORK

By Jane E. Allen

Back in the 1950s, pioneering orthopedic surgeon Dr. Jacquelin Perry performed spinal surgeries that helped paralyzed polio patients regain mobility after emerging from the iron prisons of mechanical ventilators.

Today at 81, Perry is seeing them again. Grown men and women who through they'd beaten the stealthy infection that struck terror in them and their helpless parents decades ago and pushed the United States in to a frantic but fruitful search for a vaccine.

"Patients are coming back to me (whom) I treated in "55 and '56," Perry says in the clinic at Rancho Los Amigos National Rehabilitation Center in Downey, which serves people whose polio is tormenting them anew.

"You don't look back. You look at what you can do to help them."

Perry's goal is to staunch the deterioration, pain and muscle weakness wrought by post-polio syndrome, a little understood aftereffects of polio. Slowly and insidiously, it reverses the gains that surgery and rehabilitation achieved for thousands infected by the polio virus. In about half of polio survivors, the symptoms turn up when muscles that compensated for polio damage age and give out unexpectedly.

Among the patients Perry has followed is Richard Lloyd Daggett, 59, of Downey. When Daggett was 15, Perry fused his spinal vertebrae. He walked unaided for 30 years. But post-polio landed him in a wheelchair she helped him obtain. Daggett, president of the Polio Survivors Assn., calls Perry, "the most knowledgeable polio physician anyone knows."

Officially, Perry is retired and off the Rancho Los Amigos payroll. But you'd never know by the hours she keeps.

Despite quiet struggles with advanced Parkinson's disease, the grandedame of polio physicians continues to draw patients from around the globe 40 years after the Los Angeles Times named her 1959 Woman of the Year for medicine.

Parkinson's has slightly thickened her rapid-fire speech, slowed her rise from chairs, and forced her to take a rest at midday. As she says, "You can do anything you want, but you can't do everything."

Perry continues to hike and camp and seems apologetic that her formerly 20-mile hikes are just two miles now.

Asked how patients react when they see that she, too, has physical limitations, she responds with impeccable comic timing: "They just worry I'm going to retire."

Perry analyzes the biomechanics of walking in Rancho's Pathokinesiology Laboratory, which she founded in 1968 after a brain artery blockage forced her to stop operating. She's a consultant to the physicians, physical therapists and brace-builders at Rancho's post-polio clinic. She teaches at USC and UC San Francisco, consults with Centinela Hospital Medical Center in Inglewood on sports medicine and conducts research.

Perry lives near the tree-shaded Rancho hospital complex, where three years ago the Jacqueline Perry Neuro-Trauma Institute was named in her honor. But home is really Rancho, where she pursues her first love, caring for patients.

What's Inside

I'll say it quickly: I am retiring from the Boomerang. I have been editing the Boomerang for about 2 ½ years now and it has been a great experience. But, lately, I've realized that I lament how much time it takes to put it together. I have other projects I want to do. I just don't have enough "good thinking" time to continue with the newsletter. And so, because I have other interests and goals, I am passing the Boomerang on.

I want to say a "final" few words on polio. I think when I started with the Boomerang I was hoping that some researcher would discover a significant treatment for PPS. I don't know why I had that particular hope. It doesn't seem logical right now. Over the last 2 ½ years there has been a "flood" of new articles on PPS. But the flood seems to be slowing to a trickle, and many of the recent articles seem to have no substantially advanced information. There aren't any shortcuts to treating PPS. No cures. Nothing fabulous that would let a PPSer go back to that "overwhelming overdoing" for which we are famous.

Isn't that what we all want? To do the impossible again? Of course. I do. At this point, I think the best advice is to do the same old resting, pacing, maintaining a reasonable weight, sleeping, making sure you don't have untreated sleep apnea. And don't get too cold, don't get too hot. Ok, ok. Oh yes, meditate, take warm baths, nap, eat nutritious foods. Get the stressors out of your life even though you may go through a prolonged stress period while you're making those changes. Think of long term benefits.

When I look back on my own polio "rat race" experience, none of it makes much sense. I try to remember what it was like being young, and when I get in touch with those memories I feel quite sad for myself. We were so unnecessarily stressed. We didn't use that word 50 years ago, but it certainly applies.

There is a very harsh streak in me that had its genesis in the '50s.

I came across an article recently that got me laughing, almost crying. It was in the October 5, 1999 issue of the New York Times. Jane Fritsch, in an article entitled "Scientists Unmask Diet Myth: Willpower," writes:

> "The simplest -- and most judgmental -- explanation for the difference in behavior is willpower. Some people seem to have it but others do not, and the common wisdom is that they ought to get some."

Ms.Fritsch is talking about overeating. She goes on to say that willpower is an "outdated, largely discredited concept."

Willpower discredited? When did that happen? I must have missed it.

Ms. Fritsch writes that the study of weight loss "began in earnest in the early 1950's, a time when doctors and nutritionists treated overweight people by telling them to eat less and sending them on their way. "Willpower was a kind of all-embracing theory that was used all the time to make doctors feel good and make patients feel bad," said Dr. Albert Stunkard, a professor of psychiatry at the University of Pennsylvania who has been studying weight loss for five decades. "Most people think that willpower is just a pejorative way of describing your failures," he said.

"Willpower really doesn't have any meaning." The article continues with a quote from a Dr. James C. Rosen, professor of psychology at the University of Vermont. "There is no magical stuff inside of you called willpower that should somehow override nature. It's a metaphor. "

Willpower has no meaning! Are you kidding? How can anyone tell a PPSer there is no such thing as willpower! For many of us, willpower was all we had going. In my opinion, overriding nature was the basis of the "Sister Kenny" treatment. We were supposed to, according to the Kenny method, "teach those sleeping muscles to wake up and get back to work." If the nerves and muscles were just plain old dead, well, then, what we needed was more willpower. Right?

We who had polio now know there are absolute limits to what willpower can accomplish. We couldn't restore nerves killed by the polio virus, even though we surely tried hard to do so. It was the willpower of endless exercise that brought about whatever recovery was possible.

NO WILLPOWER! What a joke. It brings tears to my eyes. Our habit to do more than we can is so engrained in us, that only willpower – to keep resting and pacing – will save us from PPS. The world has changed too much for me.

End of lecture.

One more thing: the BOOMERANG NEEDS YOU. Think about being a proactive contributor to the Boomerang in the future. Don't all try to be editor at once! Work together. Be happy. Relax. I have a theory that stress will kill off our remaining neurons faster than anything else – even polio itself. Soak in your tub, eat chocolate, listen to calm music (Nat King Cole), eat a lot of protein. (Bacon isn't considered a protein.)

Don't forget fruits and vegetables.

Do something about the people in your life who just don't get what you're going through, and contemplate the phenomenon of willpower which we PPSers know like the palms of our hands.

Willpower will get you through it.

Judith Hughes
411 N. Chapel Ave. #D
Alhambra, CA 91801
(626) 282-8124

Dr. Perry *continued from page 1*

"As far as I'm concerned, I've never worked. I do what I like to do," she says.

Flashing an impish smile and observing keenly, Perry leans over a withered calf or thigh and quietly poses key questions as she determines the best way to bolster weakened muscles.

She presses her long, slim fingers into Erika Bonner's abdomen and demonstrates how extra support "allows your diaphragm to rise to a higher level" and makes breathing less tiring.

"She picks up things real quick. I feel I'm in good hands," says Bonner, a 39-year-old graphic artist from Van Nuys who contracted polio as an infant in the Philippines.

Besides relying on matchless instincts for how muscles and joints move, Perry understands human behavior. The very drive that helped polio patients overcome childhood disability gets in the way with post-polio. Perry must convince them to downshift to protect overtaxed limbs. She must help them adjust psychologically to braces, canes and wheelchairs after decades of freedom from such devices.

Perry instructs sufferers to simplify daily routines (a Herculean task for classic polio "pushers" who always go the extra mile), take rest periods and lose weight.

Tenure has brought "the advantages of authority" so that patients "expect to listen to me."

Javier Robles, 49, of Highland Park worried more about how he would support his family than what he needed to do about his increasing polio and disability until Perry told him to "settle down."

"She said that if you want to live long, do what I say. I said OK."

Teri Loui, a 42-year-old nurse who recently flew in from Honolulu for a follow-up, says Perry "had a little twinkle in her eye and a cute little smile. That's why it's so hard to imagine her scolding people."

Loui complied by trading an exhausting clinic job for office work. Her husband, David, credits Perry with giving them both "hope we can do things to prolong Teri's stamina and actually grow old together."

As Perry hands over the reins to younger colleagues, she tries not to overshadow them. Speaking quietly of the co-director of the post-polio-clinic, Dr. Sophia Chun, 33, she says: "I don't trail her unless she wants help. Otherwise, she's obligated to use me."

Chun has formidable lace-up shoes to fill: "What's amazing about [Perry] is, she can watch somebody walk and observe what muscles they're using and which ones they're not," she says. "That what we're all trying to learn from her."

Perry was raised in downtown Los Angeles. The only child of a clothing store clerk and a traveling salesman, she was a latchkey kid long before the term was coined. She filled after-school hours with field hockey, basketball, lacrosse and reading.

"I knew at about age 10 that I wanted to be a doctor," she says. I read every medical book they had at the Los Angeles Library."

After graduating from UCLA, Perry became an Army physical therapist, treating polio patients in Hot Springs, Ark., during World War II. Out of a desire to "mike my own decisions," she studied medicine at UC San Francisco and became one of the first U.S. women to be board-certified in orthopedic surgery.

In 1955, Perry joined Rancho Los Amigos, where she collaborated with Dr. Vernon Nickels on polio cases. For spinal surgery patients, she designed, and the two developed, the halo, a metal ring still in use today that is screwed into the skull and immobilizes the spine and neck.

"We weren't smart enough to patent it," she says.

But then, as now, she wasn't in it for money, but for the love of it all.

(Editor's note: Here's an article from 1981 – 18 short years ago when many of us were still PPS novices, shutting out of consciousness whatever we could of the problems we were noticing and attributing to – what? Depression? Overweight? General Stress? In my own life I think I was at my prime when I was 16.)

1981 Post-Polios and Medical Specialists Meet in Chicago...

ARE POLIOS GETTING OLDER FASTER?

It came across loud and strong! Some polios are experiencing progressive weakness and involvement of muscles not thought previously affected and some are noticing decreased endurance. At the seminar held October 14- 16 ACCENT talked to some of the doctors there, considered by their peers to be experts in the care of post-polios including those with respiratory involvement.

Ernest W. Johnson, M.D., Professor and Chairman of the Dept. of Physical Medicine, Ohio State University, said, "We are involved in some research right now on the aging problem and doing single fiber EMG studies on polios of more than 25 years. We're finding that the jitter or variation in time for the impulse to go to each muscle fiber in that motor unit is greatly increased in old polios and there is much blocking which would mean the muscle would get weaker. It is proposed that this occurs when you normally get old -- we see it in 90-year-old people. We're thinking that some of the anterior horn cells that were attacked and then recovered may have these aging properties too soon. This would account for individuals who had polio earlier, now they're in their

Older, Faster *continued from page 3*

40's, who are now beginning to lose their deltoids or their quadriceps. It's called a benign progression, a late progression of polio in which somebody has it for 15 to 40 years and they gradually go downhill much as if they had the creeping, paralysis of progressive spinal muscular atrophy. I believe, myself, this is due to the early death of an anterior horn cell that was invaded by the polio virus, but recovered at that time. Many times this occurs in people who were in a respirator during their acute phase, but then got up and walked, supposedly recovered. In my opinion, the metabolism of their anterior horn cells has been altered and now these cells are going on to die early."

The question was asked as to the effect of exercise. Is there such a thing as over-exercise? Johnson said "There is much experimental evidence in animals to show if you overwork them, their muscles fragment and are destroyed. There is a case in which an individual had wrist extension and was operating a flexor-hinge splint and got so involved with it, he overworked it. Within one week he lost the function and it didn't come back for six or seven weeks. Dr. Robert Bennett at Warm Springs did document over-work weakness where a muscle which is overworked will get weaker. This is a reversible process though, because if you rest it, it will come back."

Johnson indicated that the best way to stay in as fit a condition as possible was to stay active. "Don't stress your muscles and guide yourself so you don't get exhausted. It is important not to overtire muscles that are weak. If you can, swim. That is the one activity that exercises every muscle."

Ann Bailey, M.D., from the staff of Warm Springs Institute for Rehabilitation, had this to say about the aging problem. "We are investigating this question at this time and really don't have an answer yet. We do definitely think that polio patients are having problems for some reason after approximately 30 years from the time they first had polio. It's not every patient by any means! We don't know at this time what the percentage might be, but there are a fair number of post-polio victims who are having loss of endurance, loss of strength which we are unable to account for by the usual means. We are seeing more patients than before because of the problems they're developing now. We are in the process of doing a survey at Warm Springs, hoping to contact all our previous patients as a follow-up to see just how big a problem it is. We don't have an explanation whether or not the problems are due to aging, whether it's overstressing of muscles, or whether there is some other process going on."

She added, "It's been well known for many years that the polio patient will lose strength and function by overstressing his muscles. While all the muscles should be kept at peak capacity by a reasonable amount of exercise, intensive exercises past the point of fatigue are very bad. You should also avoid chilling if at all possible because cold very definitely adversely affects the polio muscle."

Augusta Alba, M.D., Goldwater Memorial Hospital in New York City when asked what might be done to keep oneself in top physical condition, brought up the necessity of maintaining the compliance of stretchability of your lungs and rib cage. She said, "This is by far one of the most important assets you have in being able to continue to breathe for many hours with residual respiratory muscles. If the lungs and rib cage become stiff, then the amount of muscle power that is there is unable to give you an adequate volume. If they remain compliant, then you're still able to get an adequate volume with the residual muscle power you have. The way you can keep the muscles of your rib cage and your lungs complaint is by either frog breathing to a maximal inspiration or by using a mouth intermittent positive pressure ventilator for that purpose."

Alba said, "For anyone with respiratory involvement, there is certainly some limitation in vital capacity so it means you cannot fully inflate your lungs with the remainder of your respiratory muscles even though you may be able to breathe perfectly normally both day and night. You need something above and beyond blowing with the amount of air that you're able to take in, in order to fully stretch your lungs." She feels it would be a wise idea to use a simple machine such as the Zephyr made by Thompson Respiration Products that provides pressure needed to fully inflate your lungs. She tries to encourage everyone to simply learn frog breathing, so they don't need the expense of a machine and, by frog breathing, to inflate the lungs every two to three hours during the day. Geoffrey Spencer, MB., FFAR, C.S., St. Thomas Hospital in London, England, feels there is definite evidence there is an aging problem with post-polios. He says, "The problem is really very simple. It is that everybody suffers bodily changes as they get older. As a person's lungs and chest wall begin to undergo the normal changes that everybody experiences with age, where previously they had been able to get by without a breathing aid, they may come to need it as their age advances. And given the appropriate simple forms of mechanical breathing aids, the prognosis is excellent." He pointed out that they are finding relatively few, if any, new cases of respiratory polio in England. Inevitably, some of the ones we have are dying. However, the number of polio patients using respirators is rising. This is a direct result of the aging process. It's rising by quite a large number each year as people who have had polio for many years come to need breathing assistance, maybe even for the first time -- even if they didn't need it during the acute phase of the disease."

ACCENT asked Spencer what symptoms one might need to be aware of that could indicate it should be

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necessary to consult with a doctor. He said, "The difficulty about it is that it's an insidious process and even intelligent doctors don't always recognise it in themselves when it happens to them. The things to watch out for are: loss of mental concentration; headache and drowsiness by day; morning headache, possibly caused by a CO2 build-up when you aren't breathing as deeply as you do during the day; and a difficulty getting off to sleep."

Spencer also urges breathing exercises. He said, "Any polio patient with significant respiratory weakness who can't yet frog breathe, should try very hard to learn to do so. There is no doubt that if you can blow yourself up like a football, you get in several litres of wind several times a day which has a very useful effect in preventing the chest wall from becoming rigid. A normal person takes a deep sigh about once every 50 breaths. Nobody knows quite why this is, but one of the functions it does have is to keep the chest wall supple. If I can't take a deep breath because half my breathing muscles are paralyzed with polio, then I lose that ability to keep my chest wall supple. It's the chest wall that matters, rather than the lungs -- and it gets stiff. If I blow myself up like a football half a dozen times a day with frog breathing, I keep my chest wall more nearly like a normal, unparalyzed person's chest wall so I stave off the onset of insidious respiratory insufficiency."

What about too much exercise? Spencer was asked to respond to those proponents who feel that the more you exercise, the stronger you're going to get and the better you will be. "Within limits, it's true. However, moderation in all things is pretty sensible. Certainly during the recovery phase, following the acute illness, active exercise is very important. From then on, to maintain the suppleness of joints, passive movement is important. It can be driven too far. There is no point in striving to maintain a tiny flicker of movement in one foot with regular, heroic exercises if that flicker of movement is actually of no practical use at all. It's much better to concentrate on maintaining and preserving and exercising and regularly using those movements and those muscles which are of some practical use. On the whole joints and ligaments have a tougher time in a partly paralyzed person because they are not as well supported by strong muscles all around and people can get joint degeneration, secondary to polio, many years later because they put unfair stresses and strains on their joints. If they deliberately take exercise which is too tough, then actually it can do harm."

Spencer is very much concerned about those who have had polio and who have had very unhappy experiences with doctors or with hospitals. "They may have had to go into hospitals where their disability was badly understood and they had care which was not appropriate and most of the staff didn't understand their situation. This is entirely understandable and it gives people with polio a reluctance to seek medical advice when actually they need it. So what I would say is to encourage both people with polio and also the doctors who look after them to take minor medical problems more seriously than they would necessarily take them in the able-bodied because they can be so very much more serious or have more ramifications."

Other Factors Needing Attention.

During a question and answer session the last day, there were several additional points made deserving special attention.

Good nutrition and weight control are important because increased weight is certainly going to aggravate the work on already weakened muscles. Smoking is a hazard because it adds the additional complication of the changes in the lungs that occur. This includes excessive amounts of mucous and people with residual weakness in their respiratory muscles cannot cough adequately.

Exercise is good, if done carefully. Swimming seems to be a favoured activity, but make sure that it's warm as chilling in water can have a detrimental effect. Be sure to consider getting a flu vaccine every year and also consult with your doctor about the relatively new vaccine to be used every five years to prevent pneumococcal infections such as pneumonia. For those with unusually small veins where lab personnel have difficulty getting blood for tests, ask them to put a hotpack on your arm for up to 20 minutes. This should virtually eliminate the problems of hitting the vein.

The importance of having regular evaluations by your doctor was emphasized repeatedly during the sessions.

(Source: Lincolnshire Post-Polio Network - LINC-PIN - Informative Newsletter; Reprinted from ACCENT on Living. Vol. 26. No. 3 Winter 1981.)

Dr. Henry writes . . .

"You Were There"

Do you remember the popular TV show of the 1960s entitled "You Are There" narrated by Walter Cronkite? The show would typically allow the viewer to be an eyewitness to a significant time in history. Let me take you back to March 1954. Summer Polio epidemics had been spreading fear and terror across America and much of the world for several decades. In 1952, only two years previous, a record 60,000 cases of polio had been reported in the USA. Another summer was approaching, but finally, as reported in the news, there was hope for a successful vaccine. Much of the hope ironically depended on monkeys.

Dr. Henry, *continued from page 5*

The Rhesus monkey (weight 4 to 8 lb.) was in great demand. A world monkey hunt was underway. In northern India, Moslem trappers went about catching live monkeys. Hindu believers would not participate in this hunt because of religious convictions. Once captured, the monkeys would be carried in bamboo cages on shoulder poles to the nearest railway station and from there to New Delhi. After some health screening, 1000 monkeys would be flown 4000 miles to London. From London, these monkeys would fly the 3000 miles to New York's Idlewild Airport. From New York, these same monkeys would travel by trucks to Okatie Farms, South Carolina. Monkeys from the Philippines were also brought to Okatie Farms. An average of 5000 monkeys per month passed through Okatie Farms. Even so, the demand for monkeys exceeded the supply. After more health screening these monkeys were dispersed to four laboratories in Toronto, Pittsburgh, Detroit, and Berkeley. What happened to these monkeys? If you love monkeys, skip the next paragraph.

The monkeys were anesthetized and their kidneys were removed. The monkeys were then sacrificed with medication. The kidneys were sliced up, placed in a viable solution and rocked gently in an incubator for about six days. This process promoted monkey kidney cell growth.

One cubic centimeter of a fluid containing live polio virus was introduced into each quart of kidney cell tissue fluid. This solution was gently rocked for four days in which time the polio virus multiplied a thousand fold. Now the polio virus was ready for harvest. The resultant virus laden solution was chilled and carefully placed in 2.5 gallon containers and shipped to pharmaceutical laboratories for vaccine production.

Five American pharmaceutical companies agreed to produce the vaccine on a non profit basis. Those companies were Parke, Davis and Co. in Detroit, Pitman-Moore and Eli Lilly and Co. in Indianapolis, Wyeth Inc. in Philadelphia, and Cutter Laboratory in Berkeley California. When these companies received the 2.5 gallon containers of live virus, the solution was filtered to eliminate the kidney cells and combined into 12.5 gallon lots stored in steel tanks. A diluted formaldehyde solution was added to the tanks to kill the polio virus and the killed virus vaccine was the final product. Before the resultant vaccine was injected into humans, the vaccine was injected into monkeys, guinea pigs, rabbits, and mice to determine safety in mammals. All three strains of killed polio virus were contained in the vaccine. Each vaccine injection was only one cubic centimeter.

A major breakthrough in the quest to find an effective vaccine occurred in 1949 when Harvard virologist Dr. John F. Enders reported in Science journal that the polio virus could be cultured in non nervous tissue (monkey kidney cells). As a result, a great demand for monkey kidney cells occurred. This was the impetus that the determined Dr. Jonas Salk needed.

Salk was born in Manhattan in 1914. He graduated from a public high school at the age of 16 and finished the College of the City of New York at age 19. He graduated from NYU Medical School, did his internship in Manhattan and immediately entered the field of medical research. He initially worked at the University of Michigan Medical Center and came to the University of Pittsburgh in 1947. It was at Pittsburgh that Salk directed his energies in his deliberate, organized style to develop a vaccine to prevent polio.

Also, in 1949, Dr. David Bodian and Dr. Howard Howe at John Hopkins Medical Center in Baltimore had concluded that all known strains of polio virus belonged to three types. Thus, any vaccine developed would have to grant protection for all three types of polio.

By March of 1954, Salk had already vaccinated 5000 first, second, and third graders in Pittsburgh. Eighty to ninety-five per cent of parents had consented to the experimental vaccine despite reservations expressed by health officials. Results indicated that a polio antibody response had occurred in these children.

Statistical predictions in 1954 indicated that among one million children, 700 would contract polio, 483 would recover without paralysis, 175 would have some permanent paralysis, and 42 would die. In 1954, twenty-two per cent of polio victims were over age twenty. Under age twenty, more boys were infected more than girls, but over age twenty, more women were infected than men.

Countless parents and polio caretakers now had some real hope that victory over polio was possible. Eighty-one million of the three billion dimes donated to the March of Dimes had been appropriated to Salk and his colleagues for his promising research. This large financial investment seemed on the brink of a major positive return.

Here was the plan to determine if the vaccine was really effective: Dr. Thomas Francis at the University of Michigan was selected by the National Foundation for Infantile Paralysis to do a large scale double blind study on the Salk vaccine. In a one month period, 500,000 to 1,000,000 first, second, and third graders would receive the Salk vaccine in 200 chosen test areas, beginning in the warmer Southern USA and moving to the North. One half of these children would be given the Salk vaccine and one half would be given a placebo injection. From ten per cent of the children involved, blood samples would be taken to determine what percentage already had a natural immunity for polio. One year later, the double blind would be broken and the verdict on the new vaccine would be known. The National Foundation was taking a major gamble on this study. What would the results be in one year? You were there. You know what happened on April 12, 1955.

Dr. Henry, *continued from page 6*

Forty-five years have passed since March 1954. The natural live polio virus has been greatly reduced around the world. Thanks be to God for the courage and determination of the human spirit.

Henry Holland, Richmond., Virginia, USA.
Henry4FDR@aol.com
December 1999.
Reference: Time Magazine, March 29, 1954, "Polio Fighter Salk, Is This the Year?" pages 56 - 66. (25 cents)
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E-Mail and the Internet Brighten Nursing Homes

(*Editor's Note: I found this article last night in the New York Times' Health Section. While I don't live in a nursing home, I do know I am a lot happpier and more "connected" than I was before getting a computer. I find myself e-mailing my sister, Anne, who only lives a mile from me. I roam the internet and when I find something interesting I send the address off to her. Easier than a phone call. I've met new people, made real friends, read the most interesting, and weird, things. And it takes very little energy. That is the best part of all. It is an energy saver. If you don't have a computer, get one. The prices are dropping, the programs are easier to use. And you feel so damned proud of yourself!)*

SAN FRANCISCO -- It may not quite be the fountain of youth, but experts say nursing home residents, even frail ones, take to computers quickly and can revitalize their lives through e-mail and the Internet.

"The Internet is a window to life," said Dr. David Lansdale, a geriatrics expert from Stanford University. "It's an elixir for these people."

Dr. Lansdale, who advocates communal e-mail and Internet access for every nursing home, was one of several experts to raise the issue here at a weekend meeting of the Gerontological Society of America.

He said mastery of e-mail and Internet techniques could help overcome what he called the four plagues of the institutionalized elderly: loneliness, boredom, helplessness and the decline of mental skills.

"We want to promote relationships," he said. "Getting connected is bringing people back to life."

Dr. Lansdale directs a program called LinkingAges that teaches nursing home residents how to use e-mail to communicate with distant family, old friends and health care providers.

The 12-week course ends with a graduation ceremony, and encourages participants to share the e-mail they receive from relatives.

He told of a woman in her 90's who mastered the lessons and got this message from a granddaughter: "Dear Grandma, I can't believe you just sent me e-mail. You're the coolest grandma in California."

Group dynamics of a nursing home can improve the program's success. One resident might exclaim, "Hey, I can do this!" and other residents will be emboldened to make the effort themselves, Dr. Lansdale said.

People who master the technology gain confidence that spreads into other aspects of their lives, and many take pride in helping teach the skills to their fellow residents, he said.

"You have opened up the heavens to me," Dr. Lansdale said he was told by one resident who is confined to a wheelchair.

Douglas McConatha, a sociologist from West Chester University in Pennsylvania, said he observed improved morale and a drop in depression among nursing home residents who were given Internet training as part of a study he conducted.

"It took maybe two training sessions," he said. "You turn them loose in this environment, and a large portion of them flourish. They learned so fast they outpaced the 20-year-old college students learning with them."

Dr. McConatha advocated expanded online education programs aimed at attracting retirees both as students and as instructors. He described one such program, Circle of Learning, that encourages elderly people to offer courses based on their lifetime experience, on topics from personal finance to hobbies. One man is teaching a course about his Italian grandmother, Dr. McConatha said.

"We can now capture the knowledge of our elders and transfer that wisdom to future generations," he said.

Only 25 percent of Americans over age 60 own a computer, compared with 50 percent for the rest of the population, according to research by Microsoft and the American Society on Aging.

One of the keys for expanding Internet use by the elderly is to make equipment and Web sites more accessible to them, Dr. Lansdale said. Among changes needed are increased print size on some Web sites and easier-to-use keyboards.

New York Times, 11/ 23/1999
By THE ASSOCIATED PRESS